PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/549,507			ling Date 21/2006	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 (0)	1	N/A	TLE (0)		
П	SEARCH FEE		N/A		N/A		N/A		1	N/A			
	(37 CFR 1.16(k), (i), EXAMINATION FE	Ε	N/A		N/A		N/A		ł	N/A			
	(37 CFR 1.16(a), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =			
IND	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =				x \$ =		1	x s =			
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	specificates of paper 50 (\$125 ional 50 s	ation and drawir	n thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								J	TOTAL	L		
	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	06/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1 160))	• 25	Minus	·· 24	= 1	1	X \$26 =	26	OR	x s =			
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR				
							TOTAL ADD'L FEE	26	OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)								
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Z.	Total (37 CFR 1,16(i))		Minus		=	]	x \$ =		OR	x s =			
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x s =			
Ш	Application Size Fee (37 CFR 1.16(s))					]			]				
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
									OR	TOTAL ADD'L FEE			
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is governed by \$3 U.S.C. 122 and \$3 CFR 1.4. It has location in estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.